

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

CORAL DYEING

27220135-1

1. MONTH OF OCTOBER 1, 2008 THRU OCTOBER 31, 2008

- | | | | | |
|-----|--|------------------------------------|------------------------------------|--------------------------------------|
| 2. | Is Outlet # (8 digit) Correct? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 3. | Is average Total flow-gal.day stated in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 4. | Is max. Total flow-gal day stated in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 5. | Is method used to calculate water stated? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 6. | Are number of working days stated? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 7. | Are there any parameters which have exceeded PVSC Local Limits? | <input type="radio"/> Y | <input checked="" type="radio"/> N | N/A |
| 8. | Is proper compliance/non-compliance statement provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 9. | Have correct number of samples been submitted? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 10. | Has PHC result been listed on MR-1 report? | <input type="radio"/> Y | <input type="radio"/> N | <input checked="" type="radio"/> N/A |
| 11. | Has sample number been reported in space provided? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 12. | Have all regulated parameters been listed on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 13. | Has sample type been stated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 14. | Have all samples been taken during this reporting period? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 15. | Has NJDEPE certified lab been used? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 17. | Have results been written in space designated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 18. | Is correct method used to preserve samples stated on MR-1? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 19. | Has MR-1 been signed by authorized representative? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 20. | Has information been submitted on proper MR-1 form? | <input checked="" type="radio"/> Y | <input type="radio"/> N | N/A |
| 21. | Remove Arsenic from report if sampling not required | <input type="radio"/> Y | <input type="radio"/> N | <input checked="" type="radio"/> N/A |

C.J.m.

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

Coral Dyeing

27220135

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 12/17/08 Date sent to user _____Date due back _____ Reviewer e.j.m.

Second review comments on deficiencies

Date Reviewed _____ Date sent to user _____

Date due back _____ Reviewer _____

Date _____ Reviewer _____

PRETREATMENT MONITORING REPORTNAME: CORAL DYEING & FINISHING CORP.MAILING ADDRESS: 555 EAST 31ST STREET PATERSON, NJ 07509FACILITY LOCATION: 555 EAST 31ST STREET PATERSON, NJ 07509CATEGORY & SUBPART: 410 OUTLET #: 1CONTACT OFFICIAL: DINA SPENCE TELEPHONE: 973 278-0272NEW CUSTOMER ID / OUTLET ID: 27220135 - 1 OLD OUTLET DESIGNATION: 27400050

MONITORING PERIOD

Start			End		
10	1	08	10	31	08
MO	DAY	YR	MO	DAY	YR

Average

Maximum

Regulated Flow-gal/day 1631630Total Flow-gal/day 16,316 17,948Method Used: READING FROM FLOW METERNUMBER OF DAY WORKED: 23

Production Rate (if applicable)

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
COPPER	Sample Measurement	0.0709			1	COM
	Permit Requirement	3.02		MG/L		
ZINC	Sample Measurement	0.0894			1	COM
	Permit Requirement	1.67		MG/L		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
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	Permit Requirement					

PVSC FORM MR-1 REV: 4 6/87 P 1

PRETREATMENT MONITORING REPORT

NOV 20 2008

Certification of Non-Use if applicable (use additional sheets):

We have been certified for non-use of the following metals:

Lead, Cadmium, Nickel and Mercury

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

parameter used: We are in compliance for the following metals:


Copper and Zinc

Explain Method for preserving samples:

4°C with HNO_3 and pH below 2

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988


 Signature of Principal

Executive or Authorized Agent

DINA SPENCE - Controller

Type Name and Title

 11/19/08
 Date

N. J. TELEPHONE
(973) 278-0272
(973) 278-0276

N. Y. C. TELEPHONE
(212) 736-4364
FAX NUMBER
(973) 278-9490

Coral Dyeing & Finishing Corp.

555 EAST 31ST STREET
POST OFFICE BOX 2067
PATERSON, NEW JERSEY 07509

11/20/2008

PASSAIC VALLEY SEWERAGE
600 WILSON AVE.
NEWARK, NJ 07105
TEL.: 973-817-5714
FAX: 973-344-4876

Dear Bruce,

As of today I did not receive water bill for the month of October 2008.

Reading from water meter:

9/30/2008	591946
10/31/2008	644757

	52811

Total water consumption for October 2008 **52811**

Thank you.

Yours truly,
Dina Spence - Controller

QC Laboratories 1205 Industrial Blvd. Southampton, PA 18966-0514 Phone: 215-355-3900 Fax: 215-355-7231		CHAIN OF CUSTODY Page _____ of _____ Bill to/Report to: (if different) Sampling Site Address: (if different) P.O. No. QC Contact		Lab LIMS No.: L2786247		MATRIX CODES DW: DRINKING WATER GW: GROUND WATER WW: WASTEWATER SO: SOIL SL: SLUDGE DO: OIL SOL: NON-SOIL SOLID MI: MISCELLANEOUS X: OTHER Field pH, Temp (C or F), DO, Cl ₂ , S. Cond. etc.	
PROJECT FIELD ID <i>EPA/PA Composite 00000000000000000000</i>		Collection Date Military Time		Matrix Code Total Number of Containers H N Z U B A M D Q C I J R S T V W X Y		ANALYSIS REQUESTED <i>BADLY ISS</i>	
SAMPLED BY: Name(Company)	Verbal/fax data due:	Hardcopy due:	Report Format: <input type="checkbox"/> Standard <input type="checkbox"/> Forms <input type="checkbox"/> Standard + QC <input type="checkbox"/> NJ Reduced <input type="checkbox"/> Disk		Field Parameters Analyzed By:		Sig:
						Date/Time:	
Please call for pricing and availability on rush (<14-21 day) turnaround and on all but standard format.							
SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)							
RELINQUISHED BY SAMPLER	DATE	TIME	RECEIVED BY	DATE	TIME	DELIVERY METHOD: <input type="checkbox"/> OC COURIER <input type="checkbox"/> CLIENT <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER	
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME	COMMENTS:	
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME		
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME		
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME		
RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME		

Hazardous: yes / no

For example to aid completion, see reverse side.



Analytical Report



DINA SPENCE
CORAL DYEING & FINISHING CORPORATION
PO BOX 2067
PATERSON, NJ 07509

Regarding:

DINA SPENCE
CORAL DYEING & FINISHING CORPORATION
PO BOX 2067
PATERSON, NJ 07509

Account No: AW0150, CORAL DYEING & FINISHING CORPORATION
Project No: AW0150, CORAL DYEING & FINISHING CORPORATION

P.O. No:
PWSID No:

Inv. No: 1017354

Sample Number L2780534-1
Sample Description EFFLUENT COMPOSITE
Received Temp: 37 F Iced (Y/N): Y

Samp. Date/Time/Temp 10/08/08 08:00am NA F
Sampled by Customer Sampled

Parameter	Method	Result	RLs	Test Date, Time, Analyst
CADMIUM	EPA 200.8	ND mg/l	0.00400 mg/l	10/15/08 11:00AM GJH
COPPER	EPA 200.8	0.0709 mg/l	0.00400 mg/l	10/15/08 11:00AM GJH
NICKEL	EPA 200.8	0.00450 mg/l	0.00400 mg/l	10/15/08 11:00AM GJH
LEAD	EPA 200.8	0.00640 mg/l	0.00400 mg/l	10/15/08 11:00AM GJH
ZINC	EPA 200.8	0.0894 mg/l	0.0100 mg/l	10/15/08 11:00AM GJH
MERCURY	EPA 245.1	ND mg/l	0.000200 mg/l	10/09/08 06:50PM CMC
BIOCHEMICAL OXYGEN DEMAND	SM 5210B	94.9 mg/l	30.2 mg/l	10/09/08 06:29PM GAP
TOTAL SUSPENDED SOLIDS	SM 2540D	78.6 mg/l	2.00 mg/l	10/13/08 10:30AM GLE

- A result of "ND" indicates the concentration of the analyte tested was either not detected or below the RLs.
 - Definitions: ND=not detected; NEG=negative; POS=positive; COL=colonies; RLs=laboratory reporting limits; L/A=laboratory accident; TNTC=too numerous to count
 - A result marked with "DRY" indicates that the result was calculated and reported on a dry weight basis.
 - All analysis, except field tests are conducted in Southampton, PA unless otherwise identified.
 - The test "pH lab" is analyzed upon receipt at the laboratory, the result will not be suitable for regulatory purposes.
 - Actual times of analysis for parameters reported <24 hrs are available upon request. All testing is completed within the required holding time unless otherwise noted.
 - QC NELAP ID's: PA 09-00131, NJ PA166, FL E87954, NY 11223, CT PH-0768, DE PA-018, KY 90228, MD 206, EPA PA00018. Bioassay: PA 09-03574, NJ PA034, FL E87953, KS E10373, SC 89020001.
 - QC STATE ID's: Wind Gap, NJ PA001, PA 48-01334; E RUTHERFORD NJ02015; Vineland NJ06005; Reading PA 06-03543.
 - All samples are collected as "grab" samples unless otherwise identified.
 - MCL= is the EPA recommended "maximum contaminant level" for a parameter. PLs=customer specific permit limits.
- Regulatory authorities are assessing substantial fines for testing omissions. Please track your sample collections and results on a weekly, monthly, or quarterly basis to ensure compliance. QC's internet program 'LIVE ACCESS' will provide you with real-time access to collection dates and results. Please contact Customer Service for further information on acquiring LIVE ACCESS.

Thomas J. Hines
Thomas J. Hines, President

QC Laboratories 1205 Industrial Blvd. Southampton, PA 18966-0514 Phone: 215-355-3900 Fax: 215-355-7231		CHAIN OF CUSTODY Page _____ of _____				Lab LIMS No: 2780534		MATRIX CODES	
		LAB USE ONLY Bill to/Report to: (if different) Sampling Site Address: (if different) P.O. No. QC Contact		ANALYSIS REQUESTED Field pH, Temp (C or F), DO, Cl ₂ , S. Cond. etc.		DW: DRINKING WATER GW: GROUND WATER WW: WASTEWATER SO: SOIL SL: SLUDGE OIL: OIL SOL: NON SOIL SOLID MI: MISCELLANEOUS X: OTHER			
Client/Acct. No. <u>60012137</u> Address <u>41137</u> City/State/Zip _____ Phone/Fax _____ Client Contact _____		PROJECT FIELD ID <u>EXPLAN CAMP 05/10/08</u>		Collection Date _____ Military Time _____ Matrix Code _____ Number of Containers Total _____		Report Format: <input type="checkbox"/> Standard <input type="checkbox"/> Forms <input type="checkbox"/> Standard + QC <input type="checkbox"/> NI Reduced <input type="checkbox"/> Disk		Field Parameters Analyzed By: _____ Date/Time: _____ Sig: _____	
SAMPLED BY: (Name/Company) <u>5/50</u> Verbal/fax data due: _____ Hardcopy due: _____ Please call for pricing and availability on rush (<14-21 day) turnaround and on all but standard format.									
SAMPLE CUSTODY EXCHANGES MUST BE DOCUMENTED BELOW. USE FULL LEGAL SIGNATURE, DATE AND MILITARY TIME (24 HOUR CLOCK, I.E. 8AM IS 0800, 4 PM IS 1600)									
RELINQUISHED BY SAMPLER 1 <u>5/50</u>		RECEIVED BY 1 <u>60012137</u>		DATE 5/50		DATE 6/8/08		DELIVERY METHOD: <input type="checkbox"/> QC COURIER <input type="checkbox"/> CLIENT <input type="checkbox"/> UPS <input type="checkbox"/> FEDEX <input type="checkbox"/> OTHER	
RELINQUISHED BY 2 <u>60012137</u>		RECEIVED BY 2 <u>60012137</u>		DATE 6/8/08		DATE 6/8/08		COMMENTS:	
RELINQUISHED BY 3 <u>60012137</u>		RECEIVED BY 3 <u>60012137</u>		DATE 6/8/08		DATE 6/8/08		COMMENTS:	
RELINQUISHED BY 4 _____		RECEIVED BY 4 _____		DATE _____		DATE _____		COMMENTS:	
RELINQUISHED BY 5 _____		RECEIVED BY 5 _____		DATE _____		DATE _____		COMMENTS:	

Hazardous: yes / no 305/AY511

For example to aid completion, see reverse side.

DROP DOWN BOX**NON USE CERTIFICATION MONITORING REPORT
LOCAL LIMITS**NAME: CORAL DYEING

MAILING ADDRESS: _____

FACILITY LOCATION: _____

CATEGORY & SUBPART _____ PERMIT # _____ OUTLET #: 27220135-1

CONTACT OFFICIAL: _____ TELEPHONE #: _____

I have been authorized to certify non-use for the following heavy metals:

Arsenic _____	Lead <input checked="" type="checkbox"/>	Zinc _____	SAMPLE DATE		
Cadmium <input checked="" type="checkbox"/>	Mercury <input checked="" type="checkbox"/>		MONTH	DAY	YEAR
Chromium _____	Molybdenum _____		<u>10</u>	<u>08</u>	<u>08</u>
Copper _____	Nickel <input checked="" type="checkbox"/>				

PARAMETER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
CADMIUM	Sample Measurement	<u>0.004</u>	n	mg/l 1	Comp.
	Threshold Value	0.005			
LEAD	Sample Measurement	<u>0.0064</u>	n		
	Threshold Value	0.029			
MERCURY	Sample Measurement	<u>0.0002</u>	n		
	Threshold Value	0.001			
NICKEL	Sample Measurement	<u>0.0045</u>	n		
	Threshold Value	0.02			
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
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	Sample Measurement				
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	Sample Measurement				
	Threshold Value				